**Marijuana Legalization**

**RSAT Blog Post**

Currently 29 states and the District of Columbia have legalized cannabis for recreational use. What impact will recreational marijuana legalization have on RSAT programming?

**Perspectives on Marijuana Legalization**

Today 63% of Americans live in states that permit medical use, or both medical and recreational use of marijuana. Few legislative and regulatory issues in the U.S. are as polarizing as cannabis, but there is a no denying that it is being medically and recreationally legalized in many states. In 2016, nine states had medical and recreational cannabis-related questions on their ballots. Currently 29 states and the District of Columbia have legalized cannabis for recreational use. State and local governments, advocacy groups, medical professionals and consumers are vigorously engaged in conversation on the topic.

No matter what your opinion on medical or recreational marijuana, currently there are three undeniable and contradictory facts/issues that add to the complicated landscape of how to manage implementation and regulation of the emerging legalized medical and recreational marijuana markets at the state level.

Marijuana remains illegal under the 1970 US Controlled Substances Act (CSA);

It is classified as a Schedule I drug which defines it as having no medical value or use (like heroin and LSD); and

What began as single state driven policy change when California enacted Proposition 215 in 1996 with 55.6 percent of the vote (Murphey and Carnevale 2016), has become a movement for legalization across the nation.

Let’s explore these issues more closely.

**Key issues with state and federal marijuana law and the current Schedule I status**

In January of this year The National Academies of Sciences, Health and Medicine Division released their report on the health effects of cannabis and the cannabinoids. The report summarizes research since their 1999 report on the known health impacts of cannabis and cannabis-derived products are based on current research. This report concludes that there is clear evidence that supports cannabis is an effective treatment for chronic pain, chemotherapy-induced nausea and vomiting, and multiple sclerosis spasticity symptoms. In addition to identifying areas in need of additional research. The report also cites regulatory barriers, including classification as a Schedule I substance, that limit current research on the therapeutic uses of cannabis, or the potential health risks related to cancers, diseases, mental health disorders, and injuries. (National Academies of Sciences, Engineering, and Medicine 2017)

As a Schedule I substance marijuana use is prohibited and research on cannabis is overseen and regulated by the Drug Enforcement Agency (DEA). Since Schedule I designation specifies that there is no medical value to a substance, this also means that the Federal Drug Administration (FDA) has no authority to regulate the production and sale of cannabis products to limit exposure to pesticides and molds; or to control labeling and prevent the sale of cannabis edibles that look like gummy bears or candies. Although there may be mechanisms to address some of the barriers to marijuana and cannabis research without changing the categorization of marijuana from a Schedule I to a Schedule III substance. The overwhelming consensus of researchers is that, at minimum, changing the classification of marijuana/cannabis to a Schedule III substance is the best approach to allowing for a research agenda that can clarify the appropriate use and best practice approaches to medical marijuana; and address questions about the harms of use by pregnant women, children, and those with dependency; or untangle the complex issues of marijuana use, drugged driving, and standards for assessing driving impairment.

All these regulatory, data, and research issues are currently left to each state to manage and individually address based on the legal status of marijuana in that state. Reclassifying marijuana would remove barriers for scientific research and support expanded research on cannabis. It would address the conflict between federal law and the rights of states that have legalized the medical use of cannabis. Finally, it would address a critical banking issue that keeps marijuana a cash industry, banned from using banks.

**How might legalization and/or decriminalization impact criminal justice and public safety?**

## To truly understand how cannabis legalization impacts the criminal justice system would require an extensive review of criminal arrest data across the 29 states that have legalized recreational cannabis. We can get a better understanding of the patterns and potential challenges with legalization based on what is being learned in states like Colorado. The state of Colorado legalized recreational adult cannabis about four years ago. According to Daniel Vigil, MD, MPH the Program Manager for the Marijuana Health Monitoring and Research Program at the Colorado Department of Public Health and Environment, Colorado the impact of legalization on arrest data for the state shows a decrease in possession charges, an increase in arrests for driving under the influence, and no impact on other cannabis related arrests – which remain stable (Vigil 2017).These trends make sense given the patterns we see in how states move toward legalization of recreational use. Generally, states first legalize medical cannabis, then move to implement decriminalization laws before finally moving to legalization of recreational cannabis use for adults.

Legalization is not causing increased use of cannabis in states with recreational adult use laws, but it is having an impact on rates of traffic accidents and driving infractions in both Washington and Colorado (Murphy and Carnevale 2016). Research has shown that marijuana use affects motor skills and reflexes (Ramaekers et al. 2006) and is linked to increases in accidents (Asbridge et al. 2012). More specifically a 1999 study found that using both marijuana and alcohol together leads to a higher likelihood of accidents (Smiley, 1999). Additionally, there is no agreed upon standard for “safe” blood levels of THC or data to set a standard (Armentano 2013) like we currently have for alcohol using the blood alcohol concentration (BAC) level of 0.08 percent. A US Department of Transportation study concluded that with marijuana use “specific drug concentration levels cannot be reliably equated with a specific degree of driver impairment” (Berning et al. 2015). What we do know is that both Washington and Colorado data reflect that increased positive tests for marijuana are associated with increased accidents and driving infractions, but it is impossible to ascertain if this due to greater access and/or use of marijuana by current users, or law-enforcement doing more traffic related stops and screens for marijuana use. Recent findings from the federal highway fatality reporting system for Colorado identity an increase in fatal accidents involving drivers who test positive for marijuana from less than 8 percent in 2008 to almost 11 percent in 2010, after medical marijuana was legalized. And a further increase to 19 percent after recreational use was legalized in 2014 (Rocky Mountain High Intensity Drug Trafficking Area 2015). Washington data also show a trend of increased drugged driving between 2009 and 2015 (Couper 2015).

**Problematic Use:**

This leads us to issues related to problematic use. A term that is not well defined. With legalization of recreational cannabis, it appears that problematic use is increasing. It is difficult to say just exactly what qualifies as problematic use without more research on use patterns and a better understanding of the potency of recreational products and how it relates to impairment. Research on the acute intoxication phase of cannabis does confirm that it increases risk of automobile accidents, effects cognition, interferes with the ability to reason and make decisions, and affects mood – causing anxiety, paranoia and acute psychosis in some individuals. More research is needed both on the long-term impact of chronic cannabis use on health, neonatal development, and adolescent brain development (Weiss 2017). But we also need more research on different cannabis products (edibles, vaping, shatter), potency, and how quickly they cause impairment in individuals who use them. All this is confounded by the fact that cannabinoids stay in the system of any user longer than other drugs. This means positive lab test for cannabinoids or THC may not reflect real time use of medical or recreational marijuana products. And adds to the challenges of assessing levels of intoxication or impairment in real time.

Cannabis use impairs driving, particularly when combined with alcohol. We also know that cannabis use disorder will impact about 9% of the population that use cannabis. However, we know far less about how to determine what frequency or potency of use lead to specific levels of impairment. More research is needed to assess the impact of cannabis use on driver impairment and safety. Unlike alcohol, there are no established assessments for level of “intoxication” for cannabis use or impairment. And polysubstance use can make it difficult to determine what substance is responsible for impairment when fatal and non-fatal crashes occur.

**In Summary:**

The trend toward legalization of recreational marijuana in the United States has profound policy implications and little research is available on the potential impact on rates of use, public health, and public safety (Caulkins et al. 2012). States that are legalizing need to act quickly to set up data collection systems and evaluation mechanisms to assess the impact of legalization and guide refinement of policy and regulatory practices (Murphey and Carnevale 2016). As California, Maine, Massachusetts, and Nevada open their respective recreational adult use markets they will need to lean heavily on the experience of Colorado and Washington for lessons learned in those states about prevention, regulation, taxation, and public safety. The impact of these changes on RSAT programming remains to be seen.

*Linda Frazier is Director of Addictions Initiatives at AHP. This article was written based on research presented at the 2017 National Cannabis Summit in Denver, Colorado in August. The program and presentations from the conference can be viewed at this* [*link*](https://www.nationalcannabissummit.org/program/).

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